

R H E E D E N T I S T R Y

Records Release Request

Date: _____

Dear Dr. _____,

Please email my most recent radiographs/images to dreyrhee@yahoo.com and also to my own personal email: _____.

If there are hard copies, you may send them to:

Rhee Dentistry
7 Boulder Rock Drive, Suite 3
Palm Coast, FL 32137

If you need to contact Dr. Rhee's office, please call 386.446.9050. Many thanks.

Patient Name: _____

Patient Signature: _____